

EXHIBIT I

Freight Bill Number: 5015370032		ROTNBR Number:		DATE: 04/15/2020					
Consignee GUZMOCUP 3060 WILLISTON RD STE 3 SOUTH BURLINGTON VT 05403-6051 US			Trailer # 480381		Shipper MEDLINE 1 MEDLINE DR WILMER TX 75172 US				
FedEx Freight Priority									
PIECES	PKG	HU	HM	DESCRIPTION	WT(LBS)	NMFC	PCF CLASS	RATE	TOTAL CHARGES
120				PO# AM965565 MEDICAL SUPPLIES 1060651991 0989557147 AM965565 8028001791 :CON :CONS PHONE # : LIFTGATE DELIVERY-PPD EDA INSPECTING TERMINAL 000432 ORIGINAL WEIGHT **SHIPMENT REWEIGHED AS ABOVE** WEIGHT VALIDATION FEE FUEL SURCHG LTL SHPT 6.50% 0000005 DEFICIT WT=LOWER CHARGES RATED AS..... 1000-40888-FXP-11	495		070		
PREPAID - WILL INVOICE THIRD PARTY BY ACCEPTING THE SHIPMENT, YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUDING BUT NOT LIMITED TO DETENTION ** CHARGES SUBJECT TO CHANGE **									0.00
Delv. Driver & #:				P.O. Number		AM965565		Page 1 of 2	
Date:		Arrive:		Depart:					
# of Skids:		# of Pcs:		OS&D #:					
Shipment received in apparent good order with wrap intact unless otherwise noted.									
Received by: _____ <input type="checkbox"/> Over <input type="checkbox"/> Damage Exceptions: <input type="checkbox"/> Short <input type="checkbox"/> Wrap Broken									
FedEx Freight						P.O. BOX 840 HARRISON, AR 72602-0840 fedex.com 1.866.393.4585 fedex.com/fastfreight			

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PIECES	PKG	HU	HM	DESCRIPTION	WT(LBS)	NMFC	PCF CLASS	RATE	TOTAL CHARGES
				CZAR 197 ** FAK RATES APPLIED **	ILS 05070				
120		2		PREPAID - WILL INVOICE THIRD PARTY	495				
BY ACCEPTING THE SHIPMENT, YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUDING BUT NOT LIMITED TO DETENTION ** CHARGES SUBJECT TO CHANGE **									0.00
Delv. Driver & #: 5018523				P.O. Number		AM965565		Page 2 of 2	
Date: 4-20-2020		Arrive: 1135		Depart:					
# of Skids: 2		# of Pcs:		OS&D #:					
Shipment received in apparent good order with wrap intact unless otherwise noted.									
Received by: _____ <input type="checkbox"/> Over <input type="checkbox"/> Damage Exceptions: <input type="checkbox"/> Short <input type="checkbox"/> Wrap Broken									
FedEx Freight						P.O. BOX 840 HARRISON, AR 72602-0840 fedex.com 1.866.393.4585 fedex.com/fastfreight			

Land Air Express
OF NEW ENGLANDP.O. BOX 503
Williston, VT 05495-0503
(802) 863-5062 (800) 639-3095**BILL TO**MED010
MEDLINE INDUSTRIES, INC/
C/O DATA2LOGISTICS
PO BOX 61050
FORT MEYERS FL 33906

7025806013-00

O: BOS DATE PAGE NO.
D: WIL 05/11/20 1 / 2

CONSIGNEE	SHIPPER	INTERLINE REFERENCE
MANUAL (203)616-2850 GIZMOCUP LLC 3060 WILLISTON RD STE3 SOUTH BURLINGTON VT 05403	4427 (508)337-3171 MEDLINE INDUSTRIES 560 WEST STREET B40 MANSFIELD MA 02048	SHIPPER'S REFERENCE 1400450067 PO NUMBER JP982006

We are hiring in Williston, VT: www.mylandair.com/careers

** COPY **

QUANTITY	HM	DESCRIPTION	CLASS	WEIGHT IN LBS.	RATED AS	RATE	CHARGES
110		** ATTENTION DRIVER ** REPORT INSIDE DELIVERY TO DISPATCH FOR BILLING ***** MEDICAL SUPPLIES ON 2 PALLETS MEDICAL FACILITY DELIVERY SHIPPER LOAD & COUNT ** CONTINUED ON PAGE: 2		396	MEDID LOAD		
Received in good condition except as noted					NET A/R	TOTAL	
X						CHARGES	

Print Name _____ Date _____ Time _____ Driver _____ Pieces _____

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QUANTITY	HM	DESCRIPTION	CLASS	WEIGHT IN LBS.	RATED AS	RATE	CHARGES
110		0001359731 DO NOT DOUBLE STACK DO NOT BREAK SHRINKWRAP SHRINK WRAP INTACT? CIRCLE ONE YES NO N/A COLOR: _____		396	CONS TO# DOUBLE BREAK		
Received in good condition except as noted					NET A/R	TOTAL	
X						PL000026 CHARGES	

Print Name _____ Date _____ Time _____ Driver _____